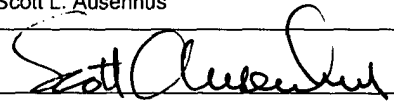


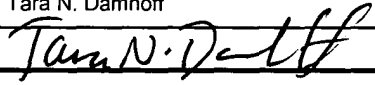
JUL 16 2003
 U.S. PATENT & TRADEMARK OFFICE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/367,459
	Filing Date	August 13, 1999
	First Named Inventor	Mitterer
	Art Unit	1653
	Examiner Name	Robinson, Hope A.
Total Number of Pages in This Submission	Attorney Docket Number	20695D-000100US

RECEIVED
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition For Extension Of Time Under 37 CFR 1.136(a) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Copies of 8 Cited References Copy of USPTO Stamped "Received" Postcard for November 8, 2002 Supplemental IDS Filing
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Scott L. Aussenhus Reg. No. 42,271
Signature	
Date	July 16, 2003

CERTIFICATE OF MAILING	
Express Mail Label: EV 291390003 US	
I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date July 16, 2003 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
Typed or printed name	Tara N. Damhoff
Signature	 Date July 16, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Effective 01/01/2003. Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$)	520
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Complete if Known

Application Number	09/367,459
Filing Date	August 13, 1999
First Named Inventor	Miitterer
Examiner Name	Robinson, Hope A.
Art Unit	1653
Attorney Docket No.	20695D-000100US

FEE CALCULATION (continued)☒ Deposit Account:

20-1430

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: *(check all that apply)*

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☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, **except for the filing fee**

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity
<p>1. Revenue Recognition</p> <p>Large entities use the percentage of completion method for long-term contracts, recognizing revenue as work progresses. Small entities often use the cost of sales method, recognizing revenue only when the contract is completed.</p>	<p>1. Revenue Recognition</p> <p>Small entities typically use the cost of sales method for long-term contracts, recognizing revenue only when the contract is completed.</p>
<p>2. Inventory Valuation</p> <p>Large entities use the FIFO (First In, First Out) method for inventory valuation. Small entities may use the LIFO (Last In, First Out) method, which can provide a tax advantage in periods of rising prices.</p>	<p>2. Inventory Valuation</p> <p>Small entities may use the LIFO (Last In, First Out) method for inventory valuation, which can provide a tax advantage in periods of rising prices.</p>
<p>3. Depreciation</p> <p>Large entities use the MACRS (Modified Accelerated Cost Recovery System) for depreciation. Small entities may use the straight-line method for depreciation.</p>	<p>3. Depreciation</p> <p>Small entities may use the straight-line method for depreciation.</p>
<p>4. Lease Accounting</p> <p>Large entities use the ASC 842 (Leases) for lease accounting. Small entities may use the ASC 840 (Leases) for lease accounting.</p>	<p>4. Lease Accounting</p> <p>Small entities may use the ASC 840 (Leases) for lease accounting.</p>
<p>5. Goodwill Impairment</p> <p>Large entities use the ASC 350 (Intangible Assets) for goodwill impairment testing. Small entities may use the ASC 350 (Intangible Assets) for goodwill impairment testing.</p>	<p>5. Goodwill Impairment</p> <p>Small entities may use the ASC 350 (Intangible Assets) for goodwill impairment testing.</p>

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee

Fee Paid

SUBTOTAL (1)

(\$)00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

				Extra Claims	Fees from below	Fee Paid
Total Claims	<input type="text"/>	..*	=	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	..*	=	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Dependent				<input type="text"/>	<input type="text"/>	<input type="text"/>

Large Entity	Small Entity
<p>1. Identify the asset</p> <p>2. Identify the liability</p> <p>3. Identify the equity</p> <p>4. Identify the income</p> <p>5. Identify the expense</p> <p>6. Identify the loss</p> <p>7. Identify the gain</p> <p>8. Identify the dividend</p> <p>9. Identify the interest</p> <p>10. Identify the tax</p> <p>11. Identify the depreciation</p> <p>12. Identify the amortization</p> <p>13. Identify the depletion</p> <p>14. Identify the impairment</p> <p>15. Identify the revaluation</p> <p>16. Identify the consolidation</p> <p>17. Identify the merger</p> <p>18. Identify the acquisition</p> <p>19. Identify the divestiture</p> <p>20. Identify the liquidation</p>	<p>1. Identify the asset</p> <p>2. Identify the liability</p> <p>3. Identify the equity</p> <p>4. Identify the income</p> <p>5. Identify the expense</p> <p>6. Identify the loss</p> <p>7. Identify the gain</p> <p>8. Identify the dividend</p> <p>9. Identify the interest</p> <p>10. Identify the tax</p> <p>11. Identify the depreciation</p> <p>12. Identify the amortization</p> <p>13. Identify the depletion</p> <p>14. Identify the impairment</p> <p>15. Identify the revaluation</p> <p>16. Identify the consolidation</p> <p>17. Identify the merger</p> <p>18. Identify the acquisition</p> <p>19. Identify the divestiture</p> <p>20. Identify the liquidation</p>

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Scott L. Aisenhus

Registration No. (Attorney/Agent)

42.271

Telephone

303-571-4000

Signature

Date _____

July 16, 2003

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